

UNITED STATES DISTRICT COURT

for the

Southern District of New York

Horizon Financial Management, LLC

Plaintiff(s)

v.

Bon Secours Charity Health System, Inc., Bon
 Secours Community Hospital, Good Samaritan
 Hospital of Suffern, NY, and St. Anthony Community
 Hospital

Defendant(s)

Civil Action No. 7:24-cv-9049

SUMMONS IN A CIVIL ACTION

To: <i>(Defendant's name and address)</i>	Bon Secours Charity Health System, Inc. 225 Lafayette Avenue Suffern, NY 10901 Bon Secours Community Hospital 225 Lafayette Avenue Suffern, NY 10901	Good Samaritan Hospital of Suffern, NY 225 Lafayette Avenue Suffern, NY 10901 St. Anthony Community Hospital 225 Lafayette Avenue Suffern, NY 10901
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A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Michael E. Etmund
 Moss and Barnett
 150 South Fifth Street, Suite 1200
 Minneapolis, MN 55402

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: November 27, 2024/S/ S. James

Signature of Clerk or Deputy Clerk



Civil Action No. 7:24-cv-9049

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: